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## FORM D

# SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL
OMB Number:
Expires:
Estimated average burden
hours per response



# FORM D

UNITED STATES

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

SEC	JSE ONLY
Prefix	Serial
DAT	RECEIVED

Name of Offering ( check if this is an amount	endment and name ha	s changed, and in	dicate change.)		
ING US Office Corporation					
Filing Under (Check box(es) that apply):	Rule 504 🗆 Rule 5	05 ☑ Rule 506	Section 4(6) UL	OE	
Type of Filing: ☑ New Filing ☐ Amenda	ment				3 1
	A. BAS	SIC IDENTIFIC	ATION DATA	/ <b>%</b> / G	2 /2
1. Enter the information requested about the	issuer			K N	® 5
Name of Issuer ( check if this is an amend	dment and name has o	changed, and indi	cate change.)	RE	
ING US Office Corporation				THE STATE OF THE S	
Address of Executive Offices	(Nu	umber and Street,	City, State, Zip Code)	Telephone Number	r (Including Area Code)
230 Park Avenue, New York, New York 1	10169			212-883-2500	
Address of Principal Business Operations	(Nı	umber and Street,	City, State, Zip Code)	Telephone Number	(Including Area Code)
(if different from Executive Offices)					
Brief Description of Business					A 100 (III)
Investments in real estate					DOCESSED
Type of Business Organization			*****		
☑ corporation	limited partnership	, already formed	☐ other	(please specify):	FEB 12 2004
☐ business trust	limited partnership	, to be formed		·	1
		Month '	/ear		THOMSON FINANCIAL
		08 03	☑ Actual □	Estimated	
Actual or Estimated Date of Incorporation o					
Jurisdiction of Incorporation or Organization	n:	(Enter two-lett	er U.S. Postal Service	abbreviation for Stat	e: M D
		CN for Canada	; FN for other foreign	jurisdiction)	141 19

### **GENERAL INSTRUCTIONS**

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6)

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

### ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

#### A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. ☐ Executive Officer □ Director Managing Member Check Box(es) that Apply: ☐ Promoter ☑ Beneficial Owner Full Name (Last name first, if individual) **Prime Credit Property Trust** Business or Residence Address (Number and Street, City, State, Zip Code) Level 6, 345 George Street, Sydney NSW 2000, Australia Check Box(es) that Apply: □ Promoter ☑ Beneficial Owner □ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual). Armstrong Jones Office Fund Business or Residence Address (Number and Street, City, State, Zip Code) Level 6, 345 George Street, Sydney NSW 2000, Australia ☐ Promoter ☐ Beneficial Owner ☑ Executive Officer ☑ Director ☐ General and/or Managing Partner Check Box(es) that Apply: Full Name (Last name first, if individual) Grossman, Charles Business or Residence Address (Number and Street, City, State, Zip Code) 230 Park Avenue, New York, NY 10169 Check Box(es) that Apply: ☐ Promoter □ Beneficial Owner ☑ Executive Officer ☑ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Furnary, Stephen J. Business or Residence Address (Number and Street, City, State, Zip Code) 230 Park Avenue, New York, NY 10169 ☐ Promoter ☐ Beneficial Owner. ☑ Executive Officer ☑ Director Check Box(es) that Apply: ☐ General and/or Managing Partner Full Name (Last name first, if individual) Barclay, Jeffrey A. Business or Residence Address (Number and Street, City, State, Zip Code) 230 Park Avenue, New York, NY 10169 ☐ Promoter ☐ Beneficial Owner ☑ Executive Officer ☐ Director Check Box(es) that Apply: ☐ General and/or Managing Partner Full Name (Last name first, if individual) Belford, Ralph J. Business or Residence Address (Number and Street, City, State, Zip Code) 230 Park Avenue, New York, NY 10169 ☐ General and/or Managing Partner ☐ Promoter ☐ Beneficial Owner ☑ Executive Officer □ Director Check Box(es) that Apply: Full Name (Last name first, if individual) Tagen, Craig R. Business or Residence Address (Number and Street, City, State, Zip Code) 230 Park Avenue, New York, NY 10169 Check Box(es) that Apply: ☐ Promoter □ Beneficial Owner ☑ Executive Officer ☑ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual)

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Business or Residence Address (Number and Street, City, State, Zip Code) 230 Park Avenue, New York, NY 10169

Thomson, Hugh

	<del></del>				В. 1	NFORMA	TION AE	OUT OF	FERING					
							-	<del></del>					Yes	No
. 1	Has the	issuer sol	d, or does	the issuer i	ntend to se	ll, to non-a	ccredited i	nvestors in	this offerin	ıg?			🗆	$\square$
		•		Answer a	lso in App	endix, Col	umn 2, if fi	ling under	ULOE					
2,	What is	the minin	num invest	ment that v	will be acco	epted from	any indivi	dua!?	•••••	•••••			\$ 500	.00
						*.					•		Yes	No
									······································					☑
	similar is an as broker	remunerat sociated pe or dealer.	ion for soli erson or ag	citation of ent of a broin five (5)	purchasers oker or dea persons to	s in connec ler register	tion with s ed with th	ales of sec e SEC and/	iven, direct urities in the for with a se of such a b	e offering. tate or state	If a perso es, list the	n to be list name of the	ed e	
Full Name	(Last n	ame first,	if individu	al)										
N/A				<u></u>										
Business o	or Resid	ence Addr	ess (Numb	er and Stre	et, City, St	ate, Zip Co	ode)							,
Name of A	Associat	ed Broker	or Dealer		·			· ·		***************************************	· • • • • • • • • • • • • • • • • • • •			
States in V	Vhich Pe	erson Liste	ed Has Soli	cited or In	tends to So	licit Purch	asers	<del></del>		<u> </u>				
									*******			A	All States	
,	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
	[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	· [MA]	[MI]	[MN]	[MS]	[MO]	
	[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
Full Name	(Last n	ame first,	if individua	al)				· ·						
Business o	or Reside	ence Addr	ess (Numbe	er and Stre	et, City, St	ate, Zip Co	ode)	<del>- : - :</del>						
						<u> </u>							···.	<u> </u>
Name of A	Associate	ed Broker	or Dealer											
States in V	Vhich Pe	erson Liste	d Has Soli	cited or Int	ends to So	licit Purch	asers						· · · · · · · · · · · · · · · · · · ·	
(Chec	ck "All	States" or	check indiv	vidual State	es)	,						🗆 A	All States	
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
	[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
	[MT]	[NE]	[NV]	[HN]	[NJ]	[MM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	· .
Full Name	(Last n	ame first, i	if individua	al)			. ·							
Business o	r Reside	ence Addre	ess (Numbe	er and Stree	et, City, St	ate, Zip Co	ode)		· · · · · · · · · · · · · · · · · · ·					
Name of A	ssociate	ed Broker	or Dealer								·		···	
States in W	Vhich Pe	erson Liste	d Has Soli	cited or Int	ends to So	licit Purch	asers			<del></del>	<del>-</del>			
											•••••		All States	
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
	[IL]	[IN]	[lA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
	[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	•
i	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	

(Use blank sheet, or copy and use additional copies of this sheet, if necessary.)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PR	ROC	EEDS		
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \( \precedef{\precedef}\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security		Aggregate	Ar	mount Already
			ffering Price		Sold
	Debt			<u>\$</u>	-0
	Equity	<u>s</u>	57,000	<u>\$</u>	\$57,000
	☑ Common ☐ Preferred				
	Convertible Securities (including warrants)			<u>s</u>	-0-
	Partnership Interests			<u>\$</u>	0-
	Other (Specify)	\$	<u>-0-</u>	<u>\$</u>	-0
	Total	<u>\$</u>	57,000	<u>\$</u>	57,000
	Answer also in Appendix, Column 3, if filing under ULOE.		•		•
2.	Enter the number of accredited and non-accredited investors, who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				,
					Aggregate
			Number	D	ollar Amount
			Investors		of Purchases
	Accredited Investors		35	<u>\$</u>	57,000
	Non-accredited Investors			<u>\$</u>	-0-
	Total (for filings under Rule 504 only)		-0-	<u>\$</u>	-0-
	Answer also in Appendix, Column 4, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.				
	Type of offering		Type of	D	ollar Amount
			Security		Sold
	Rule 505		:	<u>s</u>	
	Regulation A			<u>s</u>	·
	Rules 504			<u>s</u>	
	Total			<b>S</b>	
١.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this				
	offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				٠.
•	Transfer Agent's Fees			Zis	-0-
	Printing and Engraving Costs				-0-
	Legal Fees				25,000
	Accounting Fees				-0-
	Engineering Fees				-0-
	Sales Commissions (specify finders' fees separately)				
	$\cdot$				-0-
	Other Expenses (identify) filing fees		b	⊿ <u>\$</u>	4,142

total exp	enses furnished in response to Part C - Que	gate offering price given in response to Part C- Question stion 4.a. This difference is the "adjusted gross proceed	ls to the			<u>\$</u>		27,100
5.	of the purposes shown. If the amount of	I gross proceeds to the issuer used or proposed to be use any purpose is not known, furnish an estimate and check ayments listed must equal the adjusted gross proceeds to 4.b above.	the bo	x to				
					Payments to Officers, Directors, & Affiliates			yments to Others
	Salaries and fees			Ø	<u>\$ -0-</u>		<u>\$</u>	-0-
	Purchase of real estate			Ø	<u>\$ -0-</u>			-0-
	Purchase, rental or leasing and installation	of machinery and equipment			<u>\$ -0-</u>		<u>\$</u>	-0-
	Construction or leasing of plant buildings	<u>\$ -0-</u>		<u>s</u>	-0-			
		the value of securities involved in this offering that ma			<u>\$ -0-</u>		<u>\$</u>	-0-
	Repayment of indebtedness				\$0-		<u>\$</u>	-0-
	Working capital			Ø	<u>\$ -0-</u>	$\square$		27,100
	Other (specify):				<u>s -0-</u>			-0-
	Column Totals				<u>\$ -0-</u>		<u>\$</u>	-0-
	Total Payments Listed (column totals add	ed)			☑ \$	27,	,100	
<u></u>		D. FEDERAL SIGNATURE						
constitut	es an undertaking by the issuer to furnish to	by the undersigned duly authorized person. If this notice the U.S. Securities and Exchange Commission, upon wor pursuant to paragraph (b)(2) of Rule 502.						
Issuer (P	rint of Type)	Signature	Date					
ING US	Office Corporation	Daniel of Kini	Februa	ry S	5, 2004			
Name of Daniel C	Signer (Print or Type) . <b>Reid</b>	Title of Signer (Print or Type) Secretary						

ATTENTION
Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

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		E. STATE SIGNATURE			
1.	Is any party described in 17 CFR 230. of such rule?	252(c), (d), (e) or (f) presently subject to any of the	disqualification provisions	Yes	No Ø
		See Appendix, Column 5, for state response	e.		
2.	The undersigned issuer hereby underta (17 CFR 239.500) at such times as rec	akes to furnish to any state administrator of any state uired by state law.	e in which this notice is filed, a notice	on Form D	
3.	The undersigned issuer hereby underta offerees.	akes to furnish to the state administrators, upon writ	ten request, information furnished by	the issuer to	
4.		the issuer is familiar with the conditions that must ch this notice is filed and understands that the issue tions have been satisfied.			_
	er has read this notification and knows t ed person.	he contents to be true and has duly caused this notice	ee to be signed on its behalf by the und	lersigned dul	у
Issuer (P	rint of Type)	Signature	Date		
ING US	Office Corporation	David 9 Ri	February 5, 2004		
Name (P	rint or Type)	Title (Print or Type)			
Daniel C	G. Reid	Secretary			

#### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

# APPENDIX

1	2		3	1		5					
	Intend to non-ac investors (Part B-	credited in State	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
AL								i			
AK								,			
AZ											
AR					<u> </u>						
CA					···						
СО		X	common shares (\$2000)	2	\$2000	-0-	-0-		X		
. CT		X	common shares (\$4500)	5	\$4500	-0-	-0-		X		
DE									Į.		
DC											
FL						,					
GA		X	common shares (\$1500)	1	\$1500	-0-	-0-		X		
НІ	·						,				
ID											
IL											
IN						·					
IA											
KS											
KY					·						
LA											
ME											
MD											
MA		Х	common shares (\$500)	1	\$500	-0-	-0-		Х		
MI											
MN											
MS											
МО											
MT											

# APPENDIX

1.	2		3			4			5	
	Intend to non-ac investors (Part B-	credited in State	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
NE										
NV										
NH		·								
NJ		X	common shares (\$4500)	3	\$4500	-0-	-0-		Х	
NM										
ŊŸ		X	common shares (\$34,500)	12	34,500	-0-	-0-		X	
NC										
ND									-	
ОН ;										
ОК					duc					
OR							·			
PA		X	common shares (\$4000)	5	\$4000	-0-	-0-		X	
RI										
SC						· ·				
SD										
TN										
TX		Х	common shares (\$3500)	4	\$3500	-0-	-0-		X	
UT										
VT	!									
VA	:	Х	common shares (\$500)	. 1	\$500	-0-	-0-		X	
WA		X	common shares (\$1500)	1	\$1500	-0-	-0-		X	
WV .					<u></u>		·			
WI				·						
WY										
PR										